3

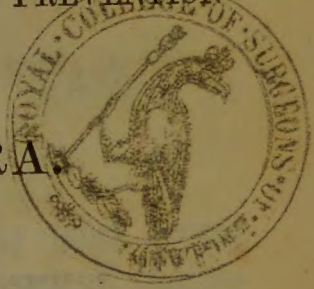
A SHORT TREATISE

ON THE

ATURE, ORIGIN, AND PREVENTION

OF

CHOLERA.



By DR. GUSTAVE MONOD,

ROFESSEUR AGRÉGÉ À LA FACULTÉ DE MÉDECINE DE PARIS;
CHIRURGIEN HONORAIRE DES HÔPITAUX DE PARIS, &c. &c.

TRANSLATED BY A. A. VON GLEHN.

he whole proceeds of the sale of this work to be applied to the relief of the poor in infected Districts in London.

RIVINGTONS,

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TRANSLATOR'S PREFACE.

The vague terror felt by most people at the mention or approach of cholera will, I think, be dissipated by the perusal of this little pamphlet, which was published at Paris last year, as I propose to publish it here, for the benefit of the poor.

Ignorance and fear are natural allies in the presence of danger, and the one cannot be dispelled without the other. Every authoritative voice tending to bring about this desirable result will

obtain a hearing now, and that of distinguished French physician of immense experience cannot be heard with indifference.

Having seen something of cholera in St. Petersburg, in Mauritius, and elsewhere, I am able to add the humble testimony of an unprofessional man to the views of my uncle, Dr. Monod, whose permission, it is needless to say, I have obtained for the following translation.

A. A. G.

N.B.—My translation has been revised, and the English equivalents of the various medicines and of the respective doses have been given me by a London physician.

A

SHORT TREATISE,

&c.

In 1849, at the time of the second appearance of cholera in Paris, I wrote a brief compendium of instructions for my private friends regarding what I considered the most requisite precautions to be taken for preservation from cholera, as well as the first remedies to be applied whilst awaiting the arrival of a physican.

This publication, circulated only

amongst my own clients and friends contributed greatly towards allaying uneasiness, and giving a feeling of security where doubt and insecurity had hitherto prevailed.

In 1853, at the commencement of another epidemic of cholera, I was asked to reprint this pamphlet, which I did with some modifications. At the present moment, when cholera is raging for the fourth time, I am again requested to republish it. But since 1853 science has greatly progressed; and the result of further investigation and greater experience has modified my opinion on the nature and treatment of cholera.

In order to respond to the wishes of my friends, I have remodelled this little work.

The ideas which it embodies express, I think, the truths which have been

revealed in the midst of the conflict of various opinions existing on the subject; and I feel convinced that if these ideas were generally admitted, cholera would have far fewer victims.

It is with this conviction that I have felt it my duty to re-write these instructions, and to give them a more extended publicity.

An observance of the rules which I have indicated, will *almost always* preserve from cholera. But there is another powerful preservative, independent of the physician's art, and which all the gold in the world cannot buy;—I mean the inward peace and tranquillity of mind, which is the fruit of true piety. Agitation, uneasiness, and fear, naturally predispose to cholera; but he who, whilst taking all possible precautions suggested by science and experience, maintains a calm and firm

confidence in God, convinced that his heavenly Father watches over him at every moment, and directs all things for his true good, is, medically speaking, *less exposed* to take cholera, than he who feels not such an assurance.

Of the nature of cholera, and the means to be used for preservation against it.

There has existed in Europe for centuries an illness, which is particularly prevalent in summer and in autumn, having all the ordinary symptoms of Asiatic cholera, and which is clearly described in most of our old medical books under the name of cholera. But this illness, which is called sporadic or indigenous cholera, in contradistinction to Asiatic or epidemic cholera, differs essentially from the malady now in question, in so far as it only attacks

single individuals, and is rarely fatal. Every year there are cases of cholera in the hospitals in Paris.

Asiatic cholera, which is permanent on the banks of the Ganges, has visited France in 1832, 1849, and 1854.

This year (1865), the pilgrims who assembled at Mecca, to the prodigious number, it is said, of 40,000, were infected with cholera by Mahometans from India, and in dispersing themselves in all directions, disseminated cholera in Egypt, Syria, and Turkey. It is from these countries that it was imported into Marseilles.

It was hoped that the disease would remain on the coasts of France, but the hope proved deceptive, the plague has come nearer and nearer, it has reached Paris, and though there is reason to believe that, as is the case at Marseilles, the cholera will be less destructive than

at its first appearances, the reality of the dangers must not be overlooked, and prudence demands that we should act in such a manner as to ward off the pestilence.

It is possible in the great majority of cases to preserve oneself from cholera.

In order properly to understand this truth, one should know what cholera is.

I cannot do better, to give a sound and correct view of this malady, than transcribe here what Dr. Jules Guyot says of it in the "Union Medicale" (No. 116, 1865):—

"There are no choleraic 'constitutions'[1]; there is a miasma which attaches

[1] "Constitutions," an old term still employed in French, the equivalent for which, in English, when not applied to individuals, is difficult to find. I am advised by an English physician, who has studied in Paris, to explain it as "peculiar atmospheric influences characterizing certain years, and causing certain diseases."—*Translator.*

itself to individuals, and reproduces itself by them and around them, and which, like the sporules of oïdium, spreads itself in the atmosphere, where, unless in the neighbourhood of the swamps of the Ganges, which are its native soil (and where alone it is being perpetually reproduced), it loses all vitality within a certain time.

"No doubt there are climateric and meteorologic conditions favourable or unfavourable to the multiplication and ravages of the choleraic miasma. No doubt there are certain individual or national physiological dispositions calculated to retain it more or less in such and such a country, or in such and such a season; but there are not choleraic 'constitutions[1],' any more than there are grasshopper 'constitutions,' locust 'constitutions,' thistle 'constitu-

[1] Note, see p. 10.

tions[1],'—unless the presence or invasion of grasshoppers, locusts, or thistles be deemed 'constitutions.' Are we then to conclude from these truths that we must fly before the pestilence—that we must interrupt the intercourse of peoples, commerce, families, and individuals? No, surely, for all efforts to effect such objects would be vain.

"*Nothing is known as to the time* during which the choleraic miasma retains its vitality and power of reproduction.

"*Nothing is known as to the manner* in which it is conveyed from one place to another, or as to the distance it may be so carried.

"We have seen it, dormant during two or three months of cold, awaken with the first approach of heat; we have seen it following valleys and streams for great distances. Nothing hitherto indi-

[1] Note, see p. 10.

cates what barriers can impede its action, nor the external conditions of sanitary improvement and disinfection sufficient to destroy it in its alleged strongholds. The most healthy countries, the most airy sites, have been decimated by cholera, whilst the dampest and most unwholesome and filthy localities, the least favourable to the preservation of human life, have been spared. . . ."

It is the more gratifying to myself to quote these extracts from Mr. Guyot's letter to the "Union Medicale," as the opinion of my honourable fellow-physician is exactly that which I have formed after the experience of the last epidemics.

I consider the cholera as a poison, of which the first manifestation takes place in the digestive organs.

To prevent the absorption of this poison,

and to *neutralize* it the moment *its effects* are manifested, are what not only medical men, but all persons exposed to attack, should endeavour to do.

In fact, the physician's part is too often rendered powerless and ineffective. If called in only when the whole system is infected, the means he has at his disposal for arresting the disease are extremely limited.

But, it will be asked, has one always time to resist and counteract the first symptoms of cholera? Is not the cholera often fearfully sudden? I am convinced of the contrary.

Perfectly sudden cholera, if it exists at all, must be extremely rare, and in almost every case where the malady has appeared to pass through all its stages in a few hours, one could certainly, if exact information were obtained, have ascertained that, at least

a day previously, the patient had experienced certain symptoms indicative of the commencement of the disease.

The means to be used for preservation against cholera are exceedingly simple, and easily carried out by those to whom God has granted the means of procuring what they may stand in want of.

It is not so, unfortunately, with the poor; and if at all times it be the duty of the rich to supply the wants of their poorer neighbours, they are bound to do so during the prevalence of cholera, not only from motives of Christian charity, but in their own personal interest; for the less field we leave to the action of cholera around us, the less shall we be exposed to it ourselves.

In times of cholera it is absolutely necessary to submit oneself to the ordinary hygienic rules for the preservation

of health; rules, the observance of which is useful at all times, but the neglect and contempt whereof during an epidemic of cholera are excessively dangerous.

Amongst these rules, those which directly concern the digestive organs are the most important; and it is with reference to these it is proper that I should enter into some detail.

Disorders in the digestive functions are most easily caused—

1. By a chill, especially on the stomach, and by cold feet.

2. By excessive fatigue, and over-excitement of the brain.

3. By bad food.

1. To avoid a chill, it is very useful, especially when the temperature is variable, to add to the usual precautions, that of wearing a flannel belt round the waist; the belt should be broad enough

to reach from the chest to the pit of the stomach, and long enough to go quite round the body. Woollen socks are advisable for persons whose feet perspire, or who run any risk of getting wet feet.

2. Late hours, dissipation, the abuse of pleasure, too much strain on the mental powers, excitement, great emotions, and in particular anger, are all liable to disturb digestion; hence various rules on which it is needless to expatiate.

3. One's food should, as much as possible, be simple and solid. It should be such as to avert indigestion, and gently stimulate the vital forces. It ought to consist chiefly of farinaceous substances—soups, roast or broiled butcher's meat, fowl, &c., and eggs.

Fish in moderation. Sausages and such like compositions of all kinds, to be entirely avoided.

All kinds of vegetables may be eaten, and ripe fruit, raw or cooked, in moderation.

Heavy pastry and all indigestible articles of food should be forbidden.

It is absolutely necessary to avoid any excess in drink, though spirituous liquors may be used in moderation with benefit. Strong coffee after dinner is recommendable, and men of vigorous constitutions, as well as those whose digestion is slow, would do well to accompany it with a modicum of brandy or liqueur.

A few drops of rum or brandy in tea, instead of milk, may be of use to many persons. So-called refreshing drinks, particularly iced lemonade, and such like, are to be taken in great moderation, if at all. They are indulgences which had much better be entirely given up. As a general rule, it

would be advisable never to overload the stomach, and to eat rather less than one's appetite would require for complete satisfaction.

Many persons leave their homes to escape from cholera. Such conduct is often imprudent.

The germ of the disease may be carried away, and the exposure and change consequent on a sudden move, may bring on the very attack one is anxious to escape from.

In a general way, it may be said that it is not safe to alter one's ordinary habits of life, especially to put oneself out of reach of that assistance, on the promptitude of which its efficacy so much depends.

But there are far higher motives than such purely personal considerations, which should deter people from running away.

It is as much the duty of all the inhabitants, as it is of the pastor, the physician, and the local authorities, when cholera breaks out, not to abandon the place where God has hitherto protected them; and I would go so far as to compare the act of running away from cholera to that of a soldier quitting his post on the day of battle.

All, both rich and poor, must, in such times, devote their utmost personal efforts in every way to relieve and aid the sufferers. The poor can only give their personal assistance;—the rich must give their personal assistance, *and* their money also.

Those who act thus, contribute as much as lies in their power to arrest the ravages of the scourge, and arouse the failing courage of their fellow-citizens. It is by noble actions that men have the most powerful moral influence over each other.

Let there, then, be no separation of families or households, but let all remain at their post, ready to help each other, and those around them in the time of need, and await in calm trust the manifestation of God's will.

Treatment of the disorders in the digestive organs which precede cholera.

I have said that an attack of cholera is almost always, if not without exception, preceded by derangement of the digestive functions. These disorders in ordinary times are of no importance; but in time of cholera they must be taken into serious consideration, because it is possible they may be produced by the incipient action of choleraic poison.

These disorders are—rumblings in the bowels, uneasy sensations in the stomach, diarrhœa, inclination to vomit,

or actual vomiting. It frequently happens that the disorder is confined to simple diarrhœa, and that there is no actual distaste for food, though at the same time there may be want of appetite.

If the disorder be more serious, and the stools numerous, and like rice water, this is cholerine. But the fact of the stools being of the usual colour is no security: one must act in every case as if for an incipient cholera-like affection.

What is to be done against this insidious poison, which has penetrated into the digestive organs?

What one does for all poisons that have been swallowed. Expel it from the system by emetics and laxatives before it is absorbed.

One may the less hesitate to have recourse to such means, as they cannot

be otherwise than useful even in the case of a mere disordered stomach, instead of a beginning of cholera.

I cannot too strongly protest against a most deplorable and too prevalent error in which unfortunately many medical men persist, namely, that purging in time of cholera should be forbidden.

Many persons who might easily have been cured by a simple purgative, have fallen victims to this error.

Mr. J. Guyot, in the letter I have already quoted from, writes: "I have not seen one out of upwards of a thousand cases of cholerine treated with 'Sulfate de Soude,' (Glauber's salts,) which came under my notice, result in cholera."

My own personal observations confirm this opinion of my fellow-physician.

It is on the basis of these facts and principles which I have enunciated, and on the supposition that medical assistance cannot be immediately procured that I feel it my duty to give the following advice:—

1. To remain in one's room, and even in bed if there is much pain accompanying the first symptoms: and to apply hot flannels or poultices to the stomach.

2. If the tongue be very foul, if there is nausea, and especially if there be vomiting, take fifty centigrammes to one gramme of ipecacuanha[2] (according to the age of the patient) in a small cup of sugar and water.

For children, the sirop d'ipéca[3] should be administered in doses of one table-

[2] (English equivalent) Eight to sixteen grains.
[3] (English equivalent) Ipecacuanha wine.

spoonful[4]. Ten minutes after, a second dose should be given if the first dose have not taken effect. Drink warm water freely when the emetic begins to act. When the effect of the emetic is over, warm peppermint tea, or, if not obtainable, ordinary black tea, with a teaspoonful of pure brandy or rum in each cup, should be given.

3. If some hours after the emetic and drinking the infusion of peppermint, diarrhœa still continues, or if the patient, not having felt any inclination to vomit at the commencement of the attack, and consequently having taken no emetic, should only have had numerous stools, with or without colicky pains, a purgative must be administered.

For very young children, to whom it might be difficult to administer any

[4] Teaspoonful of Ipecacuanha wine, the wine being stronger than the French sirop.

liquid medicine of disagreeable taste, dose of fifty centigrammes[5] of calomel with ten centigrammes[6] of scammony in a spoonful of sugar and water, will suffice.

Grown-up persons should take, in preference, Glauber's salts[7], in doses of

[5] "Five or six grains, English."

[6] "One grain."

[7] Finding that the British College of Physicians do not approve of Glauber's salts as a purgative and in some lately published instructions for the Admiralty recommend castor oil and rhubarb, I wrote to Dr. Monod on the subject, and have received the following reply:—

"Paris, 4th August, 1866.

"I do not attach great importance to the nature of the purgative, provided it be not violent. You English are mistaken in denouncing 'sulphate of soda,' but I have no objection to castor oil as a substitute. Castor oil does not suit French stomachs as well as 'sulphate of soda.' I was glad to see from an extract in the 'Times,' that Dr. Johnson pa

two or three large teaspoonfuls dissolved in water; the dose to be modified according to the age and strength of the patient. This purgative should be taken in preference in the morning, in bed. But in urgent cases it may be taken three hours after the last solid meal; sooner, if the meal have been very light. Weak tea, or some other diluent, must be taken to aid the action of the salts.

4. In the great majority of cases, after this has taken effect, the patient will feel much better, and be relieved from diarrhœa and colic.

If, however, no such improvement should have taken place within four or five hours after the first action of the

ticipates in my views on the subject of cholera, and I am convinced that if these ideas were more generally known, the ravages of cholera would be greatly diminished."

medicine, and if the stools continue numerous, and with or without colics, the use of the drops, of which I give the formula below, will probably have the desired effect. These drops were prescribed by Dr. Franchesi, of St. Petersburg, and have proved most useful in 1849 and 1854. The doses are—

5 drops for a child,
10 drops for a woman,
15 drops for a man,

in a small cup of coffee, or infusion of tea, or camomile.

Two hours after, a second dose may be given if the stools continue.

In the event of being taken ill whilst travelling, and being unable to take an emetic or laxative, the person may take these drops as directed, until able to follow the treatment above recommended, the first opportunity for which should, however, be availed of.

5. If, the day following, the diarrhœa continues, another purgative must be administered, without a moment's hesitation, and the dose be repeated if there be renewed intestinal disorder.

6. Emollient enemas, such as marsh mallow, linseed, or bran, or mere warm water, are useful in allaying colic.

The strictest regimen is absolutely to be insisted on so long as there is no appetite—farinaceous broth, gruel, containing a little clarified butter or meat fat, may be given by spoonfuls at intervals, as soon as the patient feels a desire for food, and is able to retain it on his stomach. Pure water, not iced, may be given to drink.

First remedies to be applied when a person is attacked with cholera.

If from neglecting the precautions or the early treatment I have indicated, a

person be seized with vomiting, whit stools, with cramps, extinction of th voice, shiverings, and the skin becom blue and livid; symptoms which indicat that the poison has passed through th intestines and is acting on the whol nervous system; the attack must b resisted as vigorously and rapidly a possible by the following means, whils awaiting the arrival of the physician :—

1. Make the sufferer lie down at once and endeavour to excite warmth by ap plying hot flannels, hot water bottles bags of hot bran or sand, friction of al the limbs and the whole body with dr flannel or horse-hair gloves.

2. Administer at once a glass o brandy or rum. Renew the dose afte a quarter of an hour, if no effect b produced. If the doses be rejected administer them in an enema. It is essential that the liquor should b

absorbed one way or another; if they be rejected both above and below, the doses must be renewed in small quantities; frequently repeated; and vomiting should be arrested by small pieces of ice given to swallow.

It is important to bear in mind that these are only the first remedies to be applied to a person attacked by cholera in the absence of a medical man. The treatment of cholera demands other remedies, of which the physician can alone be judge. The moral state of the patient exercises great influence on the efficacy of the remedies applied at first, as well as of those which the physician may subsequently prescribe.

Fear and discouragement may render all efforts unavailing, whilst the calmness and energy which are the result of trust in God and submission to His will, greatly diminish the danger.

Those who surround the patient must

use every effort to entertain this invaluable state of mind; and they will succeed best by showing no fear or alarm themselves, and quietly doing their utmost to relieve the sufferer.

Though it be undeniable that every choleraic patient is a source of propagation of the disease, it must be distinctly borne in mind that cholera is not communicated by contact, like small-pox, or scarlet fever.

Those who devote themselves to tending cholera patients run no more danger than those who shut themselves up at home from fear of the disease. I would be inclined to think the latter, if any thing, more exposed than the former. Fear predisposes to cholera, and imagination exaggerates its terrors; whilst the calm courage given by the feeling that one is fulfilling a noble duty, is a powerful preservative.

It does not follow from what I say

hat no precautions are to be taken in ending a cholera patient.

In the interest of the patient as well s of those who tend him, all the ejec-ions must immediately be removed from he room—chloride of lime dissolved in vater should be used to disinfect every essel used by the patient, and should e sprinkled on every cloth he may have irted, and fresh air should be con-tantly and freely admitted into the oom, without however causing a draught r sudden chill.

Those who are in charge should not emain too long consecutively at the edside, and should relieve each other rom time to time: and they must crupulously observe the instructions have already given for preservation gainst an attack, or arresting pre-monitory symptoms.

CONTENU D'UNE PHARMACIE POUR LE TRAITEMENT DU CHOLÉRA.

Sulfate de soude . . .	100 grammes.
Ipéca	2 grammes.

Par paquets de 50 centigrammes.

Sirop d'ipéca	30 grammes.
Menthe poivrée . . .	50 grammes.
Calomélas	10 centigr.
Scammonée	20 centigr.

Pour deux paquets.

GOUTTES CONTRE LA DIARRHÉE.

Alcoolature d'aconit . .	3 grammes.
Teinture d'opium (Form. Dorvault)	1,50 gr.
Aloès	1 gramme.

Vieille eau-de-vie de vin.
Rhum véritable.

The above rendered into English equivalents ould be as follows:—

lauber's salts	3 ounces.
pecacuanha	30 grains.
In packets of $7\frac{1}{2}$ grains.	
pecacuanha wine . . .	1 ounce.
Dried peppermint . . .	2 ounces.
Calomel	2 grains.
Scammony	4 grains.
Mixed and divided into two packets—each packet forming one dose for a child.	

THE DROPS.

Tincture of aconite, a fluid drachm.
„ opium, half a drachm.
Aloes, fifteen grains.

The above articles can be procured exactly as ordered by Dr. Monod, from G. Jozeau, Pharmacien Français, 49, Haymarket.

If only the drops be required, it will be sufficient to ask for the "Gouttes du Dr. Monod."

LONDON:
GILBERT AND RIVINGTON, PRINTERS,
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TIGHT
GUTTERS